VACCINATIONS AND THE RIGHT TO REFUSE

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By way of introduction, I like to tell people I'm a physician by training and a compulsive researcher by inclination. To be specific, I've invested more than seven-thousand hours investigating the under-reported health hazards associated with vaccinations, along with the attendant ethical and legal issues.

What started as a fairly modest research exercise has turned into a second full-time career. I've discussed vaccination hazards on more than 50 radio and television programs, addressed hundreds of professional, political, and trade groups, produced two informational DVDs, and authored numerous articles for both print publications and Internet sites. In addition, I'm scheduled to produce two books relating to the subject over the next year.

The risk of vaccination must be considered as important—and potentially more serious—than the risk of a childhood disease. Years of experience and thousands of hours of research have lead to conclusions that are not uniformly accepted: the importance of legally ensuring vaccine exemptions in each State and the right to refuse Nationally mandated vaccinations.

Vaccination is a procedure and vaccines are medications….and both have risks and side effects which are often ignored by the media and, worse, by many in the medical profession. As a population, we are against being forcibly medicated. We value our right to choose what is done to our bodies.

Humans are intrinsically healthy and tend to remain so if they are given nutritious, non-GMO foods, fresh air, and clean water. We have been blessed with God-given protective barriers against infectious diseases, including our skin and immune system.

Knowing that these facts are true for all members of the human species, how did we come to embrace the idea that injecting solutions of chemically-treated, inactivated viruses, parts of bacteria, traces of animal tissue and heavy metals, such as mercury and aluminum, was a reasonable strategy for keeping human beings—babies, children and adults—healthy?

If a “dirty bomb” exposed a large segment of US citizens simultaneously to Hepatitis B, Hepatitis A, tetanus, pertussis, diphtheria, Haemophilus influenza B, three strains of polio viruses, 3 strains of influenza viruses, measles, mumps, and rubella viruses, the chickenpox virus, and 7 strains of Streptococcus bacteria, we would declare a national emergency. We would call it an “extreme act of BIOTERRORISM”. The public outcry would be immense and our government would act accordingly.

And yet, those are the very organisms that we inject through vaccines into our babies and our small children, with immature, underdeveloped immune systems. Many are given all at the same time. But instead of bioterrorism, we call it “protection.” Reflect a moment on that irony.

Vaccine injuries are reported to be “rare”, but only because very few reactions are “accepted” by the Centers for Disease Control (CDC), the Institutes of Medicine (IOM) and the Food and Drug Administration (FDA) as being caused by vaccines. I have frequently said that when a vaccine is given, and a bad reaction occurs, “ANYTHING BUT” the vaccine is “blamed” for the reaction. Here is a direct quote from the 6th edition of Epidemiology & Prevention of Vaccine-Preventable Diseases called “**The Pink Book**”, published by the CDC:

“There is no distinct syndrome from vaccine administration, and therefore, many *temporally associated* adverse events probably represent **background illness** rather than illness caused by the vaccine…The DTaP may stimulate or precipitate **inevitable symptoms** of underlying CNS disorder, such as seizures, infantile spasms, epilepsy or SIDS. By chance alone, some of these cases will seem to be temporally related to DTaP.”

I have to admit, the first time I read that, I cried. Instead of blaming the vaccine for causing the problem, we blame the children for somehow being defective and the “defect” shows up after we inject them.

Another example of not blaming the vaccine for a reaction comes directly from the National Vaccine Injury compensation table. Only a handful of injuries are covered by this program; if your injury isn’t on the table, you don’t qualify for compensation. The government says “there is no proof”—no causal association—that the problem that was experienced, the seizure, for example, was caused by the vaccine.

And timing of the injury is important too. For example, the Injury Compensation Table states that if the baby manifests the symptoms of encephalopathy –or brain swelling—within 3 days of being given a DTaP shot, the injury is probably related to the vaccine. If the complication develops on the 4th day—or the 5th, 6th or 7th day—it is not considered to be “causally related” and the parent is ineligible to apply for compensation.

Sort of like saying the black and blue foot you have today had nothing to do with the frozen turkey you dropped on it last week, because the discoloration didn't show up within the time allowed to "prove causation."

Side effects and complications from vaccines are considered inconsequential because their numbers are supposedly "statistically insignificant." This conclusion comes from epidemiological research involving large numbers of participants and has nothing to do with the individual person. Population-based conclusions go against one of the most basic tenants of all of medicine: to treat each person as an individual and believe them when they tell you something went wrong after a vaccine.

A "one in a million" reaction may be rare, but if you are "the one", it is 100% to you.

And even if the one-in-a-million reactions are considered "rare" by the CDC, the health care costs associated with those "rare" reactions are not insignificant. Here's one example.

One recognized complication of the flu shot is a condition called Gullian-Barre Syndrome (GBS). Guillian-Barre is disorder characterized by progressive paralysis, beginning in the feet and advancing up the body, often causing paralysis of the diaphragm and breathing muscles within a matter of hours or days.

Nearly all patients with GBS are hospitalized because of paralysis. The prognosis of GBS varies. Up to 13 percent die and 20 percent more are left significantly disabled, defined, for these purposes, as unable to work for at least a year.

The CDC reports this side effect to be "rare, perhaps 1 or 2 per million flu shots given." Using the numbers determined from a variety of sources—including medical journals and government documents, it can reasonably be assumed that the flu shot may cause 40 cases of GBS per year.

The Healthcare Cost and Utilization Project (HCUP) database reveals that the average hospital charge per person for GBS is nearly $70,000. Add another $40,000 per person for rehabilitation costs after months of paralysis. Therefore the cost to healthcare for this "rare" complication can be approximated to be at least $4.4 million.

This conservative estimate doesn't include lost wages, reduced standards of living for patients who returned to work but had to take a lower paying job because of their illness. And of course, there is no price tag for the "human cost" of being paralyzed and away from your family for months.

The advantageous cost-benefit relationship is one of the main rationalizations given for supporting the national vaccination program at all levels, infants through the elderly. But has anyone seriously analyzed the cost of caring for vaccine complications?

This example of Guillian-Barre represents the cost of just ONE complication. What if the costs for healthcare from all acknowledged side effects were calculated and added to the cost of the National Vaccination programs? What if we add in the parent-observed complications, such as refractory seizures?

Are we getting our money's worth financially? Are we getting our money's worth in terms of a "healthier" nation?

What about other not-so-obvious costs incurred by vaccine mandates—increased taxes and increased health insurance premiums to pay for the shots? Increased administrative costs to track that they have been given? There are many others, but I'll stop there.

There are three things to take away from this introduction:

1. Low infection rates and high vaccination rates should not be the cornerstone of our public health policy. Vaccine reactions should not be discounted, whatever their numbers. Further, the true cost-benefit of the vaccination program must be considered, and what has been presented is barely the tip of the iceberg.

2. Parents, and all adults, must retain their right to refuse vaccines. They are not without risk, and those "rare" complications can result in significant costs, both economic and in terms of human life.

3. Children, and all adults, who refuse to be vaccinated are being discriminated against. They are losing their rights:

a. Rights and access to a public education.
b. Rights to access to health care, as doctors discharge them as patients.
c. Rights to food because often moms on Medicaid are refused food stamps.

These rights—including the right to refuse—must be ensured.

When we give government the power to make medical decisions for us—and force us to vaccinate and medicate our children in the name "health" and "policy" and for "the greater good" we, in essence, accept that the state owns our bodies, and, apparently, our children.

[To order Dr. Sherri Tenpenny's latest video, click here: "Vaccines, The Risks, The Benefits, The Choices"]

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Sherri J. Tenpenny, D.O. is the President and Medical Director of OsteoMed II, a clinic located in the Cleveland area that provides conventional, alternative, and preventive medicine. OsteoMed II's staff of three osteopathic physicians, two acupuncturists and a 10-member support team focuses on four specialized areas: allergy elimination; treating acute and chronic pain problems; all areas of woman's health; and the treatment of vaccine injured children.

Dr. Tenpenny has lectured at Cleveland State University and Case Western Reserve Medical School on topics related to alternative health. Nationally, she is a regular guest on many different radio and television talk shows, including "Your Health" aired on the Family Network. She has published articles in magazines, newspapers and internet sites, including, Redflagsdaily.com, Mercola.com and Mothering.com. She has presented at the National Vaccine Information Center's annual meeting and at several international conferences on autism.

Dr. Tenpenny is respected as one of the country's most knowledgeable and outspoken physicians regarding the impact of vaccines on health. As a member of the prestigious National Speaker's Association, Dr. Tenpenny is an outspoken advocate for free choice in healthcare, including the right to refuse vaccination. As an internationally known speaker, she is highly sought after for her ability to present scientifically sound information regarding vaccination hazard and warnings that are rarely portrayed by conventional medicine. Most importantly, she offers hope through her unique treatments offered at OsteoMed II for those who have been vaccine-injured.

Dr. Tenpenny is a graduate of the University of Toledo in Toledo, Ohio. She received her medical training at Kirksville College of Osteopathic Medicine in Kirksville, Missouri. Dr. Tenpenny is Board Certified in Emergency Medicine and Osteopathic Manipulative Medicine. Prior to her career in alternative medicine, Dr. Tenpenny served as Director of the Emergency Department at Blanchard Valley Regional Hospital Center in Findlay, Ohio, from 1987 to 1995. In 1994, she and a partner opened OsteoMed, a medical practice in Findlay limited to the specialty of osteopathic manipulative medicine. In 1996, Dr. Tenpenny moved to Strongsville, Ohio, and founded OsteoMed II, expanding her practice and her vision of combining the best of conventional and alternative medicine.

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